

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **44108**Registration District No. **852**Primary Registration District No. **6120**

Registrar's No. _____

1. PLACE OF DEATH

(a) County Sullivan
(b) City or town Milan, Mo.
(c) Name of hospital or institution Sullivan Co. Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 years
(Specify whether
In this community 3
years, months or days)

3. (a) PRINT
FULL NAME

George Washington White
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

7. (b) Name of husband or wife Hester Ann White 8. (c) Age of husband or wife if alive _____ years

9. Birth date of deceased August 29, 1856
(Month) (Day) (Year)

10. AGE: Years 84 Months 4 Days 0 If less than one day hr. _____ min. _____

11. Birthplace Indiana
(City, town, or county) (State or foreign country)

12. Usual occupation Farmer

13. Industry or business No data

14. Name " 15. Birthplace "
(City, town, or county) (State or foreign country)

16. Maiden name " 17. Birthplace "
(City, town, or county) (State or foreign country)

18. Birthplace " 19. Birthplace "
(City, town, or county) (State or foreign country)

20. (a) Informant Mrs. Walter Kenley

(b) Address Milan, Mo.

21. (a) Burial (b) Date thereof Dec. 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood

22. (a) Signature of funeral director Schwartz

(b) Address Milan, Mo.

23. (a) Jan 3, 1941 (b) Geo Hagan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Milan
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

24. DATE OF DEATH: Month Dec. day 29
year 1941 hour _____ minute _____ M.

25. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death I do not know.
Found dead at County Infirmary
No suspicion of foul play.
Due to play
Due to _____

Other conditions (Include pregnancy within 3 months of death) 200 lb

Major findings: Of operations _____

Of autopsy _____

26. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

27. Signature J. S. Montgomery (M. D. or other) 1
Address Milan, Mo. Date signed 1-3-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-41-89

Date Filed JAN-13-1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Frank D. Schoene Registered Apprentice No.
working under my personal supervision.

Signed

Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Melan, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.